FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076 Expires: November 30, 2001 Estimated average burden

Name of Offering (check if this is an amendment and name has changed, and indicate change.)								
Lightning Rod Software, Inc.								
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☐ Rule	e 506 Section 4(6)	ULOE					
Type of Filing: New Filing	Amendment							
A. BASIC IDENTIFICATION DATA								
1. Enter the information requested about								
Name of Issuer (check if this is an a	mendment and name has changed, and indicate change.)	1						
Lightning Rod Software, Inc.								
Address of Executive Offices	Telephone Number (Including Area Code)							
5720 Smetana Drive, Suite 300,	(612) 987-1304							
Address of Principal Business Operations	Telephone Number (Includir	Number (Including Area Code)						
(if different from Executive Offices)								
Brief Description of Business		_	_					
Past developer of software and currently engaged in casino project development APR 1 9 2005								
			APR 1 9 200E					
		*						
Type of Business Organization		_	MSON					
corporation	☐ limited partnership, already formed	other (please specify):	FINANCIAL					
business trust	☐ limited partnership, to be formed							
	Month Year							
Actual or Estimated Date of Incorporation or Organization: 0 7 8 1								
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:								
	CN for Canada; FN for other foreign jurisdiction)	D E						
GENERAL INSTRUCTIONS		···· - · · · · · · · · · · · · · · · ·						

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et sec. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENTIFI	CATION DATA		
2. Enter the information requ	ested for the follow	ving:			
 Each promoter of the 	e issuer, if the issu	er has been organized withir	n the past five years;		
 Each beneficial own of the issuer; 	ner having the pow	er to vote or dispose, or dire	ect the vote or disposition o	f, 10% or more of	a class of equity securities
Each executive office	cer and director of	corporate issuers and of corp	oorate general and managing	g partners of partne	rship issuers; and
Each general and m	anaging partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if Thomas J. Patin	individual)				
Business or Residence Address	ss (Number and S	treet, City, State, Zip Code)	. , , , , , , , , , , , , , , , , , , ,		
5720 Smetana Drive	, Suite 300, Mi	nnetonka, MN 55343			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if Sheldon T. Fleck	individual)				
Business or Residence Address	ss (Number and S	treet, City, State, Zip Code)			
5720 Smetana Drive	. Suite 300. Mi	nnetonka, MN 55343			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if James S. Murphy	individual)				772000000000000000000000000000000000000
Business or Residence Address	s (Number and S	treet, City, State, Zip Code)			
2915 Waters Road, S	•				
		<u> </u>			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director □ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Thomas J. Schrade	individual)				
Business or Residence Addres	s (Number and St	treet, City, State, Zip Code)			
331 Seven Isles Driv	ve, Ft. Lauderda	le, FL 33301			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and St	treet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and St	treet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and S	treet, City, State, Zip Code)			
· · · · · · · · · · · · · · · · · · ·	(Use blank sh	eet, or copy and use addition	nal copies of this sheet, as n	ecessary.)	

B. INFORMATION ABOUT OFFERING												
1.	Has the issu	er sold or	does the issu	ser intend to	sell to nor	-accredited	investors ir	this offerir	າດ?		 Г	
١.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											
2.	What is the	minimum i									\$ 4:	25 *
3.		ay, in thei	r sole discre	etion, accep	ot subscript	ion for less	1				Ye	s No
4.		٠.	•	•	•							
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only												
Full Nan	ne (Last name	e first, if inc	lividual)									
Business	or Residence	e Address (Number and	1 Street, Cit	ty, State, Zip	Code)						
Name of	Associated E	Broker or D	ealer									
States in	Which Perso	n Listed Ha	as Solicited	or Intends to	o Solicit Pu	chasers						
(Ch	eck "All Stat	es" or checl	k individual	States)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[OM]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[MM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[WI]	[OR] [WY]	[PA] [PR]
Full Nan	ne (Last name	first, if inc	lividual)									
Business	or Residence	Address (Number and	1 Street, Cit	y, State, Zip	Code)						
Name of	Associated E	Broker or De	ealer									
States in	Which Perso	n Listed Ha	s Solicited	or Intends to	o Solicit Pur	chasers					· · · · · · · · · · · · · · · · · · ·	
(Ch	eck "All State	es" or check	c individual	States)								All States
(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XX]	[UT]	[TV]	[AV]	[AW]	[WV]	[WI]	[WY]	[PR]
Full Nan	ne (Last name	e first, if ind	lividual)									
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Check "All States" or check individual States)												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[AM]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [XT]	[NM] [UT]	[YY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt \$0 \$0 \$<u>14,873.</u>76 \$ 32,000 Preferred Convertible Securities (including warrants) \$_0 Partnership Interests \$0 \$<u>0</u> \$<u>0</u> Other (Specify _ Total \$32,000 \$ 14,873.76 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount of Purchases Investors Accredited Investors \$ 14,873.76 Non-accredited Investors \$ 0 Total (for filings under Role 504 only) \$ 0 Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505 Regulation A Rule 504 Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. \boxtimes \$_200 Transfer Agent's Fees Printing and Engraving Costs \$<u>0</u> Legal Fees \$ 300 \boxtimes Accounting Fees \$ 0 Engineering Fees Sales Commissions (specify finders' fees separately) \$ 0 Other Expenses (identify) Total..... 冈 \$ 500

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND US	E OF PRO	OCEEDS		
	b. Enter the difference between the aggregate ion 1 and total expenses furnished in respons "adjusted gross proceeds to the issuer."	e to Part C - Question 4.a. This difference	is the		\$31,500	
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount estimate and check the box to the left of the est the adjusted gross proceeds to the issuer set	ount for the purpose is not known, furnistimate. The total of the payments listed must	sh an equal above.			
				officers, & Affiliates	Payments to Others	
	Salaries and fees		□ <u>\$</u> 0		□ s_0	
	Purchase of real estate		□ <u>\$</u> 0		□ s_0	
	Purchase, rental or leasing and installation of	of machinery and equipment	□ <u>\$</u> 0		□ s_0	
	Construction or leasing of plant buildings a	nd facilities	□ <u>\$</u> 0		□ s 0	
	Acquisition of other businesses (including to					
	issuer pursuant to a merger)					
	Repayment of indebtedness					
	Other (specify):		<u> </u>		□ \$ <u>0</u>	
			П « О			
	Column Totals					
Total Payments Listed (column totals added)						
		D. FEDERAL SIGNATURE				
e issu lowin	er has duly caused this notice to be signed by signature constitutes an undertaking by the its staff, the information furnished by the issue	issuer to furnish to the U.S. Securities and r to any non-accredited investor pursuant to r	f this not Exchange paragraph	ice is filed Commission (b)(2) of Ru	under Rule 505, the on, upon written re- le 502.	
suer	(Print or Type)	Signature		Date		
Lig	itning Rod Software, Inc.	2000	_	April	13, 2005	
ame	f Signer (Print or Type)	Title of Signer (Print or Type)				
Tho	mas J. Patin	General Counsel and Acting CEO				
	·			· <u></u>		